## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents (Commissioner for Patents P.O. Box 1450) Alexandria, Virginia 22313-1450 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as minicipated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address as a spentar FEE ADDRESS' for a possible properties of the pro

maintenance fee notifications.							
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use B	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
32172	7590 11/02	2/2009					
DICKSTEIN S. 1633 Broadway	I	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope					
NEW YORK, NY 10019				States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				(Depositor's name)			
				(Signature)			
		L				(Date)	
APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/598,114 07/03/2007		Ludger Grote	C2432.0069			1212	
ITILE OF INVENTION: METHOD OF TREATING AND DIAGNOSING SLEEP DISORDERED BREATHING AND MEANS FOR CARRYING OUT THE METHOD							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1 <del>510</del> 755	\$300	\$0	\$1	1 <del>810</del> 4059	02/02/2010
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	7			
JAVANMARD, SAHAR		1627	514-379000	_			
I. Change of corresponde CFR I.363).			For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys     or agents OR, alternative.				
Addmos form PTO/SP/122) attached					member a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 18ted, no name will be printed.				
S. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ludger Grote ———— Goteborg, Sweden							
Kaj Stenlof Torslanda, Sweden							
Jan Hedner Gote bord Sweden Sweden Gote bord Sweden Gote bord Sweden Gote bord Government Got Government Gote Bord Gote Bo							
ta. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
A sheck is enclosed.							
Advance Order - # of Copies / O) Ten The Direct				redit card. Gener FTO-2038 is attached: is hereby authorized to charge the required fee(s), any deficiency, or credit any to Deposit Account Number (enclose an extra copy of this form).			
5. Change in Entity State	s (from status indicated		☐ b. Applicant is no l				
VOTE: The Issue Fee and	Publication Fee (if requ	uired) will not be accepted	d from anyone other tha				assignee or other party in
nterest as shown by the re	cords of the United Sta	MAI / /	Omce.	<u> </u>	20011	- 81	16 2029
Authorized Signature Charles ( Maril Date 12 Central 10 )							
Typed or printed name		a H. Me	Ilman	Registration N		4,	155
This collection of informa in application. Confidenti ubmitting the completed his form and/or suggestio Box 1450, Alexandria, Vi	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur ginia 22313-1450. DO	FR I.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (	on is required to obtain of I.14. This collection is depending upon the in- e Chief Information Off COMPLETED FORMS	r retain a benefit by the estimated to take 12 relividual case. Any concer, U.S. Patent and TO THIS ADDRESS	he public which is ninutes to complete mments on the am Trademark Office, SEND TO: Com	to file (and e, including jount of tim U.S. Depar missioner fo	by the USPTO to process) gathering, preparing, and e you require to complete etiment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.